CONTROLLED SUBSTANCE GUIDELINES

FOR

EMERGENCY MEDICAL SERVICES

BUREAU OF NARCOTICS & DANGEROUS DRUGS

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

The Bureau of Narcotics and Dangerous Drugs has published this guideline as a quick reference source. This guideline is a compilation of the most commonly asked questions and issues arising daily.

This guideline is designed chronologically in the order of obtaining a registration, purchasing and stocking, administering, record keeping and security issues.

As a licensed agency and controlled substance registrant, it is your responsibility to know and comply with state and federal controlled substance laws and also to insure that subordinates acting under your authority are complying with the law.

To review all of the controlled substance laws and regulations for the state of Missouri, and also obtain additional educational handouts and forms, please visit the Bureau's website at https://health.mo.gov/safety/bndd.

Additional websites for educational information are as follows:

Drug Enforcement Administration……www.deadiversion.usdoj.gov

Bureau of Emergency Medical Services……..www.health.mo.gov/safety/ems (Dept. of Health & Senior Services)

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OBTAINING A MISSOURI CONTROLLED SUBSTANCES REGISTRATION

Who is required to have a registration?
All licensed entities in Missouri who want to conduct any activities with controlled substances, including purchasing, stocking, ordering, prescribing and administering, must first obtain a state controlled substances registration. No person or agency in Missouri may conduct any controlled substance activity without a state registration.

What about federal DEA registrations?
In order to conduct certain activities such as purchasing, stocking and administering, a federal DEA registration is also required. The Missouri state registration must be obtained first and then the federal DEA registration. The state and federal address locations must match.

Who holds the registration?
The governing body for the ambulance service and medical director are responsible for the controlled substances registration and complying with all laws. It may be a hospital, a privately owned ambulance company, or an ambulance district board. The governing body is responsible for insuring that there are proper registrations, policies, procedures, training of personnel and oversight and supervision to insure compliance. The Bureau will register the ambulance service but the drug authority comes through the medical director. The Bureau recognizes that drugs may be administered pursuant to direct and verbal orders from physicians as well as approved protocols from their medical director.

How do I apply and what is the process?
An agency may apply for a new state controlled substances registration at any time. Once an EMS license has been issued, the agency may apply for and obtain a Missouri Controlled Substances Registration and then a federal DEA registration. You may apply online at https://health.mo.gov/safety/bndd or print the application and mail it to the Bureau.

The application must be completed entirely and accurately and it must be submitted with the appropriate fee. The application must be mailed to the address provided on the application.

To save time, you may apply for your state license; state controlled drug registration, and federal DEA registration at the same time. When filling out the state controlled substances application, write the word, "pending," in the line for your state license number. When the state board issues your license, you may contact the Bureau with your new license number so that the application can be processed. When filling out the federal DEA application, it will ask for your state controlled substances registration number. You may also enter the word, "pending," in this line. Once our Bureau has issued a new Missouri state number, you can contact the DEA with that final information.

It typically takes 5 to 15 workdays for BNDD to process the application. Fluctuating workloads and incomplete applications may cause the process to take longer.

Fees:
No fees are required if the agency is government based and part of a political subdivision. Fees are $30 annually for services in the private sector.

How many registrations do I need?
The regulation changed by regulation in November 2020. An EMS agency only needs one registration at their primary headquarters location. They may have vehicles stationed at other satellite locations with just one registration at their headquarters. Registrants are required to keep logs of what drugs are shipped to other locations. The DEA requires you to submit a list to them of locations where you are stationing other ambulances. The BNDD does not require this prior notification. Before, there was a requirement to rotate ambulances every 30 days. This requirement has been removed.

Notifying the regulatory authorities if you change practice locations.
It is important that state and federal regulatory agencies have the ability to contact you. It is required that you notify agencies when you change practice locations. If you change practice locations, you have 30 days to notify our Bureau of your new location or your controlled substance registration automatically terminates.

What can cause a registration to close or automatically terminate?
The following circumstances can cause a controlled substance registration to terminate:

1. A registration closes on the date of expiration printed on the certificate.
2. If and when the agency ceases legal existence. (absence of current license)
3. If and when a business changes ownership. Registrations cannot be transferred to another person. The new owners must have their own registration. When there is a change of ownership, the new owner may operate under the registration of the seller during a 30-day grace period. By the 31st day, the new owners must have obtained their own registration.
4. If and when the agency discontinues business (absence of current license) or changes practice location. There is a 30-day grace period to notify the BNDD within 30 days of the effective date of the change.
5. A registration may be terminated at the request of the registrant.

How do I make changes to my existing registration?
Changes to an existing registration may be completed online or by mailing or faxing a written request to the Bureau. The Bureau will change names, addresses, and adjust drug schedules for no additional fee.

Will I automatically get a renewal notice?
Although not required by law, as a courtesy the BNDD sends out an email to each registrant 60 days before the expiration date of their current registration. The BNDD emails the card to the address the Bureau has on file. Please insure your address is current.

Registration certificates should be kept readily retrievable.
Your federal DEA controlled substance registration must be maintained at your registered practice location and must be readily retrievable upon inspection.

State Controlled Substance Certificates
The BNDD does not print and mail certificates. You may review, verify and print a certificate from the website at https://health.mo.gov/safety/bndd.

PURCHASING CONTROLLED SUBSTANCES

1. To purchase controlled substances for stock, you must have both a state registration and a federal DEA registration.

2. It is unlawful for a medical director to write a prescription to obtain ambulance stock. Prescriptions are written orders for individual patients only. Controlled substances must be purchased from another registrant, distributor or pharmacy. All purchases and transfers of controlled substances in Schedule II require the execution of a DEA Form 222 Official Order Form signed by the registrant or a person authorized through power of attorney. Purchases and transfers for controlled substances in Schedules III—V may be documented using a transfer form. A copy of the transfer form must be maintained by both the supplier and the receiver,that documents all of the required information. More information regarding receipt and transfer records is included in the record keeping portion of this guideline.

   Since the registration may be held by a hospital or district board, the DEA Form 222 Official Order Forms must be executed by a hospital administrator or district board member. The holder of the registration may execute a power of attorney that would authorize another person to sign these order forms and purchase Schedule II controlled substances. These are commonly executed so the medical director or other EMS supervisor can purchase drugs as required.

3. Controlled substances may be purchased through a wholesaler, pharmacy or hospital. Hospital's sales to ambulance services are exempt from sales restrictions of the Prescription Drug Marketing Act of 1988.

REQUIRED RECORD KEEPING

Each and every time controlled substances change hands or are used, documentation must be generated and maintained. There should be a paper trail to show the path of a controlled substance dosage unit from the day it was manufactured, through the distributor, to the hospital, pharmacy, EMS, practitioner or other and then ultimately to the end user.

State and federal controlled substance laws require all controlled substance records to be maintained for a period of two years. These records must be maintained at the registered practice location and must be readily retrievable and open to inspection and copying by the BNDD. Your state licensing board may require you to keep patient records for a longer period of time.

Receipt records

A registrant is required to maintain a file of receipt records that documents the receipt of all controlled substances received. The receipt records for Schedule III—V drugs should be in a separate file from the DEA Form 222 Official Order Forms used for Schedule II drugs. Registrants must maintain the following information for all controlled substances received:

1. Date of receipt;
2. Drug name
3. Dosage form
4. Drug strength

5. Quantity received
6. Name, address and DEA number of the supplier
7. Name, address and DEA number of the recipient
8. Name or initials of employees verifying receipt of the drugs

These receipt records may be kept in a handwritten or typed log or may be maintained electronically. When you execute a DEA Order Form, keep a copy before you send the original to the supplier. Copies of all DEA Form 222 Order Forms must be signed and dated to verify receipt of the Schedule II drugs.

DEA Form 222 Order Forms should never be destroyed or discarded. If they are not used, they should be voided and maintained on file. If a DEA Form 222 Order Form is ever lost, it should be immediately reported to the DEA.

If a registrant chooses to use a supplier's invoice, billing record, or packing document as a record of receipt, it that registrant's responsibility to review the document to make sure that the required information is documented on the receipt record.

Initial inventory

On the very first date that you receive and engage in the stocking and receipt of controlled substances, you must perform an initial inventory of the controlled substances on hand. There are inventory forms on the Bureau's website that you may use. The following information must be documented on an inventory:

1. Date
2. Documentation of whether the inventory was taken at Opening of business (OOB) or Closing of business (COB) or time of inventory if practice location is open 24 hours a day.
3. Drug name
4. Drug strength
5. Dosage form
6. Quantity of dosage units on hand

The initial inventory of Schedule II drugs must be maintained on a separate form and document than the initial inventory of Schedule III—V drugs. All inventories must always be on paper and cannot be electronic. If prepared on a computer, they must be printed and dated.

Do not perform an inventory that combines Schedule II drug counts with drugs in Schedule III—V, and do not include any non-controlled drugs on these inventory documents.

Annual inventory

After an initial inventory has been completed the day the registrant first started stocking controlled substances, the registrant shall take a new inventory of all controlled substances on hand at least once a year. The annual inventory may be taken on any date that is within one year of the previous annual inventory date.

The same information must be maintained in the annual inventory as listed above in the requirements for the first initial inventory. All of the six areas of information listed above must be documented. Schedule II drugs should be documented on a separate form. Do not combine non-controlled drugs on the annual controlled substance inventory.

In order to save time and work, you may decide to coincide your annual inventory date with the date of your business inventory at the end of the year for tax purposes. There are annual inventory forms on the bureau's website that may be used. Schedule II drugs should be

inventoried on a separate document from drugs in Schedules III—V, and these inventories should not include non-controlled drugs.

Count all of the controlled substances

All controlled substance dosage units are to be included regardless of whether they are in stock bottles, set aside for destruction, outdated, or samples.

If you stock all schedules, you must have two annual inventory documents; one for Schedule II and one for Schedules III—V. You must file these documents and maintain them for two years.

Perpetual logs

Many agencies choose to maintain an ongoing log of all drugs administered or dispensed. This provides an ongoing count every day of what they have used and what they should still have on hand. Perpetual logs are useful and encouraged, however maintaining a daily perpetual log does not replace the requirement to have a specific annual inventory document. Annual inventories must always be separate documents that stand-alone and are maintained separately.

Administering Controlled Substances:

The administration of a controlled substance may only take place based upon an order from an authorized practitioner. The Bureau's website provides a form entitled EMS Ambulance Dispensing Log Form. If an agency uses this form and completely fills out all of the fields provided, they should be in compliance with the record keeping laws for administering. This form is not mandated. Agencies may devise their own form as long as it meets legal requirements.

A practitioner may develop his own log, ledger or record keeping system as long as all of the required information is documented. This information required is:

1. Date of administration
2. Patient name
3. Patient address
4. Drug name
5. Drug strength
6. Dosage form
7. Quantity administered and quantity wasted
8. Name or initials of employee performing the administering/wastage
9. Name or initials of employee witnessing any wastage

Records should account for the use and disposition of all controlled substances utilized in the practice. When an unused/contaminated controlled drug needs to be destroyed, this may also be documented on this log. Please be sure to review the information provided later in this guideline regarding the legal disposition of unwanted controlled substances.

Documenting wastage of contaminated controlled substances

Every milliliter and milligram of controlled substances must be accounted for. In the event that an entire syringe of a controlled substance is not administered, the unused portion that has been contaminated by patient contact may be wasted. The agency may document "wastages" on their administration log or they may have a separate document in the same file for the documentation of waste. When controlled substances are wasted because of contamination by patient contact, the following documentation must occur:

1. Log must have registrant's name and address
2. Date of wastage

3. Time of destruction/wastage
4. Patient's name
5. Drug name, drug strength, and quantity destroyed
6. The reason for the wastage
7. Signature or initials of the person performing the destruction
8. Signature or initials of the second person witnessing the destruction.

When drugs are wasted or destroyed, they must be destroyed beyond reclamation.

Documentation in patients' charts

All activities with controlled substances must be documented in patients' charts or your method of tracking administrations, i.e. trip tickets or medication administration records. Each administration must be documented in the patient's chart and include the given date, patient name, address, drug name, strength, dosage form, and quantity. Records must be maintained for two years.

Disposal of unwanted controlled substances

Controlled substances are wasted or destroyed for two reasons; they are outdated, expired or unwanted, or secondly they have been contaminated by patient contact.

Controlled substances contaminated by patient contact may be destroyed onsite by an agency.

Outdated/expired controlled substances may not be destroyed on site by an agency without prior approval from the United States Drug Enforcement Administration and filling out a DEA Form 41.

You may obtain a list of reverse distributors from the DEA. The reverse distributor will provide direction on how to inventory the drugs you wish to have destroyed and they will remove and destroy the drugs for you. They will provide you with a receipt to show that you transferred the controlled drugs to them. This document must be maintained for at least two years to document this activity.

Transferring of controlled substances among registrants

Controlled substances are routinely transferred among registrants, such as when you purchase drugs from a distributor or a pharmacy. If you transfer controlled substances to a reverse distributor or sell controlled substances to another registrant, records of transfer must be maintained. The Bureau's website provides a pre-printed Transfer of Controlled Substances Form as an example. If you use that form and complete it completely and accurately, your records of transfer should comply with the law.

All transfers of Schedule II drugs must be documented on a DEA Form 222 Official Order Form.

Schedule III—V drugs may be transferred on the form provided by the Bureau or another form designed by the practitioner, as long as all required documentation is present. The document must include:

1. Name, address and DEA number of the supplier
2. Name, address and DEA number of the receiver
3. Date of the transfer
4. Name, strength, dosage form and quantity of the drug(s) transferred.

Both the supplier and receiver should maintain a copy of this document for two years. It can serve as a transfer document for the supplier and also as a receipt record for the receiver.

SECURITY ISSUES

All registrants are required to have adequate controls in place to detect and prevent the diversion of controlled substances. Some security measures are physical, such as alarms, safes, and locks. Other security measures are policies, best practices and required record keeping.

STORAGE:

1. All controlled substances in a building must be stored in a securely locked substantially built safe or cabinet.
2. The security provided must be commensurate with the quantity and types of controlled substances stocked.
3. Controlled substances may not be left out un-attended where unauthorized persons would have access to them.
4. Controlled substances on ambulances should be stored in locked containers and storage areas. Most services use a serially numbered tag system.

RECORD KEEPING

The purpose for required record keeping is to assure that a controlled substance can be tracked from the date of manufacture to the date it is administered to the end user. If you maintain compliant receipt records, inventories and administration records, then you should be able to perform an audit to determine if any drugs are missing. If any of these records are not maintained, or do not contain all required information, then an accurate audit cannot be performed and you would not know if drugs were missing. Having incomplete and inaccurate records results in inadequate security to detect and prevent diversion.

BACKGROUND CHECKS:

It is important to know the criminal history of employees or potential employees.

A registrant cannot initially grant access to controlled substances to any employee/person who has been convicted, or entered a plea of guilty or no contest to any crime related to controlled substances in the United States. Before a person with this criminal history can be allowed access to controlled drugs, the registrant must apply to our Bureau for a waiver. Instructions and forms for applying for a waiver are available on the Bureau's website. The following issues are emphasized:

1. You can employ the person, but you must have a waiver before granting them access to controlled drugs. No waiver is required if they have no access to the controlled drugs.
2. The holder of the registration applies for the waiver because the registrant is responsible for the security of the drugs. The employee does not apply for the waiver.
3. Even if the guilty party received probation and there is no official criminal record of conviction, this law applies immediately when the person enters a guilty plea regardless of what the final sentence was. When screening employees, be sure to ask about guilty pleas and not just records of conviction. Your agency may have

to change its application process so that your agency remembers to ask about guilty pleas and not just convictions.

4. If the crime was a misdemeanor, a waiver is required from our Bureau only.
5. If the crime was a felony, a waiver must be obtained from the DEA before applying with the BNDD for a state waiver.

BEST PRACTICES FOR SECURITY

1. Routinely review controlled substance laws and regulations so you are familiar with what is required.
2. Contact authorities when you have questions or concerns.
3. Implement a written policy and procedure of how and by whom controlled substances are to be handled in your agency and what is required.
4. Conduct periodic training meetings to ensure that your staff knows what is required and how to comply with laws and policies.
5. Conduct periodic reviews and self-inspections of your own practice to ensure that you and your employees are consistently complying with policies and laws.
6. Periodically audit and reconcile your drug counts against the record keeping to ensure that all drugs are accounted for, drugs are not missing, and there are no record keeping errors.
7. Most ambulance services have the drugs on the ambulances counted with each shift change, by one employee going off duty and one employee who is coming on duty.
8. When possible, have all controlled drug activities performed by two people.
9. It is very important that when counting and inventory, employees should be trained to check for tampering, torn packaging, or holes in packaging. The most common method of theft in an ambulance service is to steal the drugs and replace the drugs with water so the containers appear full.
10. The person who orders and purchases the drugs should be a different person than the person who receives, checks them in and adds them to inventory. These should ideally not be the same people who also pay the bills. Separate the duties of ordering, receiving and paying so there are checks and balances.
11. Review your invoices from drug companies to make sure you authorized the drugs purchased.
12. The person who receives controlled substance shipments and checks them in should have a second person verify what was received and that the drugs are accurately being added to the perpetual inventory logs.
13. Although not required, perpetual inventory logs are encouraged to provide an ongoing record of what you have administered and what you have remaining.
14. Do not allow patients and visitors access to drug supplies. This means if drugs are missing, it is an employee who is responsible. Although we trust our employees, it is often the staff in a practice that divert drugs because they are ones who have access and can falsify records. Policies are put in place to protect your registration and provide clear notice of expectations and oversight.
15. Employees should be comfortable with policies and procedures that require oversight and witnesses because if there is a discrepancy in the drug count, consistent compliance with policies can protect them from false accusations.
16. Restrict the number of people who have access to your drugs to the fewest people possible.
17. Have a policy requiring random drug testing. Even if you do not want to conduct random drug testing on a regular basis, you should be able to demand a drug test during the course of an internal investigation should drugs be missing.

18. Periodically review your administration and dispensing logs to make sure that an employee has not removed drugs and made up a name of a fictitious patient you don't remember treating.
19. Set up a calendar or reminder system so you know when it is time for an annual inventory or renewal of licenses and registrations.

GOVERNING BODY—RESPONSIBILITIES:

The governing body, hospital or district board is the holder of the license and registrations. They are the registrant and ultimately responsible for all activities. In the event that an inspection or investigation would reveal violations of law, the bureau will communicate with the holder of the registration, not the individual employees. The registrants have a duty to:

- Know state and federal controlled substance laws and rules promulgated under these laws;
- Have copies of statutes, rules, and other educational handouts available for employees to refer to and learn from;
- Develop and implement a policy and procedure for the acquisition and handling of controlled substances along with required record keeping guidelines;
- Provide instruction on how to deal with shortages, losses or thefts;
- There should be a policy in place for the drug testing of employees during the investigation of a drug loss or theft;
- Provide instruction and training to employees on how to comply with controlled substance laws and regulations and the policies of the agency;
- Provide supervision and oversight to the employees to insure that the employees are complying with laws and policies.
- Conduct appropriate background checks on potential employees to make they have not entered pleas of guilty to crimes involving controlled substances.
- The governing body may delegate these duties and responsibilities to a medical director or administrator, however the governing body is held responsible.
- Develop and implement a policy to train employees that reporting drug diversion by co-workers is mandatory by federal law and employers are required to treat these reporting co-workers confidentially and without repercussion.
- Verify EMS licenses on the department's website. We have had paramedics fake a license and bring the employer a copy of a forged license.

Handling losses and thefts

Anytime you are missing a controlled substance, you do not know where it went, and cannot account for it, then this is a significant loss. These significant losses and thefts and diversions of controlled substances must be reported to the Bureau and DEA immediately upon discovery.

1. When a significant loss or theft is discovered, call, fax, email or notify the BNDD and DEA immediately upon discovery.
2. The BNDD has a required Loss/Theft Report Form that must be filled out and submitted to the Bureau. This form is available on the website or the BNDD can fax you one.
3. The initial written loss report form is due to the BNDD within 7 days.
4. The registrant is to conduct an internal review and investigation to determine to manner of theft or loss and determine the amount missing.
5. If more than 7 days is needed the registrant may contact the BNDD and ask for more time.
6. The loss or theft must be reported to both the BNDD on a state form and then the DEA on a separate federal form. Be sure to have both forms on hand in the event you should

need them. The DEA form may be submitted electronically from their website at www.deadiversion.usodj.gov.

When practitioners administer injectable controlled substances, there will be small amount remaining, in the hub of the syringe, These are considered insignificant in the normal course of normal practice. These amounts are not considered lost because you know where the drugs went. You should document these so that your records will always balance.

How to perform an audit of your controlled substances

Start with the drugs you had on hand from your last annual inventory	200ml morphine
Add the drugs you purchased or received from other registrants (This includes all receipts and samples received)	2,500ml morphine
Total quantity you are responsible for	**2,700ml morphine**

Calculate the amounts of drugs you have administered & wasted	1,200ml morphine
Add the drugs transferred to other registrants	25ml morphine
Losses and thefts report to BNDD and DEA	5ml morphine
Total number of drugs you no longer have	**1,230ml morphine**

Drugs you're re responsible for 2,700ml minus the number of drugs you no longer have (1,230ml) leaves you with the 1,470ml that should be in your possession.

If you have 1,470ml on hand, then your drugs are accounted for.

If you have a discrepancy, then you either have a record keeping problem or you are missing drugs.

Working for your employer and protecting their registration:

At this time, you may be conducting controlled drug activities under the authority of an employer's DEA number or a hospital's DEA number. As an employee, it is extremely important to know and comply with controlled substance laws. If you commit a violation, the employer's registration is at risk as well as any personal license you may hold. Agencies usually base their policies on state and federal laws. If you violate a written policy, in many cases you may be violating the law.

Federal Code of Regulations 21 CFR 1301.91 states that an employee who has knowledge of drug diversion from his employer, by another fellow employee, has an obligation to report such information. The employer is required to treat the reporting employee's report confidentiality while the employer conducts an internal investigation and notifies the proper authorities.

Diversion of controlled substances by employees:

Although it is unfortunate, many of us have heard stories of ambulance services having their controlled substances stolen by employees. In almost all instances, when controlled substances are stolen from an ambulance service, they were stolen by an employee who was in a trusted position. Ambulance services do not normally allow visitors and unauthorized persons access to controlled drugs. When drugs are discovered missing, it is normally a trusted employee who committed the diversion. It could be for their personal use or they could be selling it or providing drugs to a friend or relative. These record keeping systems and security measures are set in place for a multitude of reasons:

- To prevent the diversion of controlled substances;

- To detect the diversion of stolen controlled substances;
- To protect the employer's registration;
- To protect the honest employees with a system of checks, balances and witnessed activities;
- To protect the public's health and safety. The practitioners treating the public should not be impaired on illegally administered drugs and the medications the public receives should not be diluted.
- In very simple terms, these records and security measures should be maintained because it's the law.

CONTACT INFORMATION

Bureau of Narcotics & Dangerous Drugs
P.O. Box 570
Jefferson City, MO 65102-0570
Phone: (573) 751-6321

Bureau of Emergency Medical Services
P.O. Box 570
Jefferson City, MO 65102-0570
Phone: (573) 751-6356

DEA in Missouri—West of Highway 63
Drug Enforcement Administration
7600 College Blvd, Ste. 100
Overland Park, KS 66210
Phone: (913) 951-4100

DEA in Missouri—East of Highway 63
Drug Enforcement Administration
317 South 16th Street
St. Louis, MO 63103
(314) 538-4600

The following forms are also available on the bureau's website at https://health.mo.gov/safety/bndd

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF NARCOTICS AND DANGEROUS DRUGS

ANNUAL INVENTORY OF CONTROLLED SUBSTANCES

REGISTRANT NAME	DATE

SCHEDULE(S) INVENTORIED

☐ INVENTORY OF SCHEDULE 2 DRUGS ONLY (INDIVIDUALLY HAND COUNTED)
☐ INVENTORY OF SCHEDULES 3, 4, 5 ONLY
(INVENTORY FOR SCHEDULE 2 DRUGS MUST BE ON SEPARATE FORM THAT SCHEDULES 3, 4, 5)

TIME OF INVENTORY

☐ INVENTORY TAKEN BEFORE OPENING OF BUSINESS
☐ INVENTORY TAKEN AFTER CLOSING OF BUSINESS
_____ TIME OF DAY INVENTORY TAKEN, IF OPERATIONS ARE 24 HOURS A DAY

DRUG NAME	STRENGTH	FORM	NUMBER OF CONTAINERS	QUANTITY
Example - alprazolam	*1mg*	*Tablets*	*100 ct stock bottle*	*3 bottles*
alprazolam	*1mg*	*Tablets*	*100 ct stock bottle*	*63 tablets*

ANNUAL INVENTORIES MUST BE ON PAPER AND NOT ELECTRONIC. FORMS MUST DOCUMENT THE DATE OF INVENTORY; WHETHER IT WAS TAKEN AT THE BEGINNING OR CLOSE OF BUSINESS OR TIME OF DAY; NAME OF EACH DRUG; THE FINISHED FORM OF EACH SUBSTANCE; NUMBER OF DSAGE UNITS OF EACH FINISHED FORM IN THE COMMERCIAL CONTAINER; AND THE NUMBER OF COMMERCIAL CONTAINERS OF EACH FINISHED FORM.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF NARCOTICS AND DANGEROUS DRUGS

TRANSFER OF CONTROLLED SUBSTANCES

SCHEDULES III, IV & V ONLY

DATE OF TRANSFER

RECEIVING REGISTRANT'S INFORMATION	SUPPLYING REGISTRANT'S INFORMATION
NAME	NAME
ADDRESS	ADDRESS
DEA #	DEA #
BNDD #	BNDD #

DRUG NAME	STRENGTH	DOSAGE FORM	QUANTITY OF DOSAGE UNITS	COMMENTS

SIGNATURE OF RECEIVER	SIGNATURE OF SUPPLIER

MO 580-2765 (5-05)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF NARCOTICS AND DANGEROUS DRUGS

REPORT OF LOSS OR THEFT OF CONTROLLED SUBSTANCES

Mail completed report to:
BNDD
P.O. Box 570
Jefferson City, MO 65102-0570

Missouri Regulation 19 CSR 30-1.034(2)(B) requires a registrant to notify the Bureau of the theft, diversion, or significant loss of any controlled substance upon discovery. This report must be submitted within seven (7) days from the date of the loss. The Bureau may be contacted at (573) 751-6321 if more time is needed.

NAME AND ADDRESS OF REGISTRANT	AREA CODE AND PHONE NUMBER	DATE(S) OF THEFT OR DISCOVERY
STREET ADDRESS AND CITY	MISSOURI BNDD REGISTRATION NUMBER	FEDERAL DEA REGISTRATION NUMBER
STATE	ZIP CODE	COUNTY IN WHICH LOCATED

Principal Business of Reporting Registrant:

☐ MD ☐ DO ☐ DPM ☐ NURSING HOME KIT ☐ DISTRIBUTOR

☐ OD ☐ DVM ☐ DDS ☐ PHARMACY ☐ IMPORTER/EXPORTER

☐ DMD ☐ HOSPITAL ☐ NARCOTIC TREATMENT PROGRAM

☐ EMS ☐ MANUFACTURER ☐ TEACHING INSTITUTION ☐ OTHER _____

DATE REPORTED TO DEA (MANDATORY)	WAS THEFT REPORTED TO POLICE? ☐ YES ☐ NO	NAME AND PHONE NUMBER OF POLICE AGENCY

NUMBER OF THEFTS OR LOSSES REGISTRANT HAS HAD IN PAST 24 MONTHS	TYPE OF THEFT OR LOSS ☐ Burglary ☐ Robbery ☐ Employee theft/diversion ☐ Lost in transit ☐ Forgery/falsified records ☐ Other _____

NAME(S) OF PERSON(S) WHO COMMITTED THEFT OR DIVERSION	SOCIAL SECURITY NUMBER AND DATE OF BIRTH OF PERSON RESPONSIBLE FOR COMMITTING THEFT OR DIVERSION

The reporting regulation requires the registrant to submit a summary of their internal investigation, the final outcome of the investigation and a copy of any law enforcement reports made when applicable.

☐ Summary and reports are attached ☐ Bureau notified immediately, more time has been granted.

Final summary and reports will follow by _____

CONTINUE ON REVERSE

If loss or theft occurred in transit:

NAME OF COMMON CARRIER	NAME OF CONSIGNEE	ORIGIN OF DELIVERY

LIST OF CONTROLLED SUBSTANCES LOST
(Drug name, strength, dosage form and quantity)

Trade or Brand Name	Generic Name	Dosage Strength & Form	Quantity
Example: Vicodin™	hydrocodone/apap	tablets 7.5/750	24 tablets
Example: Robitussin A-C™	codeine phosphate	2mg/cc liquid	12 ounces
Example: Demerol™	meperidine hydrochloride	50mg/ml vial	5 x 30ml
1			
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PRINT NAME	SIGNATURE	TITLE	DATE

Additional information:

1. Insignificant losses that occur form doing business day to day do not need to be reported. A significant loss or shortage requires reporting.
2. Any suspected theft or diversion must be reported, regardless of the amount. Reports to BNDD and DEA are required, even if no referrals are made to law enforcement or professional licensing boards.
3. Section 195.045, RSMo 2000, states in material part that any person who reports or provides information to the Bureau pursuant to controlled substances laws, and does so in good faith to comply, shall not be subject to civil damages.
4. You may contact the Bureau at: P.O. Box 570, Jefferson City, MO 65102-0570, or call (573) 751-6321 or fax (573) 526-2569.